

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 3

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

01/01/03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ - 610.00

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 3, Pre-Print Page 21

Section 3, Pre-Print Page 29a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Revised 01/01/98, TN#98-04

Same Page, Revised 01/01/98, TN#98-04

oklahoma 103-03)

10. SUBJECT OF AMENDMENT:


approved: 04/04/03
effective: 01/01/03

Removing Qualified Individuals-2 from Special Groups, as instructed.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

March 12, 2003

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

17 MARCH 2003

18. DATE APPROVED:

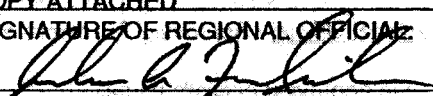
4 APRIL, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

Revision: HCFA-PM-98-1 (CMSO)
APRIL 1998

State: OKLAHOMA

Citation

3.1 Amount, Duration, and Scope of Services (continued)

- | | |
|---|---|
| <p>1902(a)(10)(E)(i)
and clause (VIII)
of the matter
following (F),
and 1905(p)(3)
of the Act</p> | <p>(a)(3) <u>Other Required Special Groups: Qualified Medicare Beneficiaries</u></p> <p>Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.</p> |
| <p>1902(a)(10)
(E)(ii) and
1905(s) of the
Act</p> | <p>(a)(4)(i) <u>Other Required Special Groups: Qualified Disabled and Working Individuals</u></p> <p>Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.</p> |
| <p>1902(a)(10)
(E)(iii) and
1905(p)(3)(A)(ii)
of the Act</p> | <p>(ii) <u>Other Required Special Groups: Specified Low-Income Medicare Beneficiaries</u></p> <p>Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.</p> |
| <p>1902(a)(10)
(E)(iv)(I)1905(p)(3)
(A)(ii), and 1933 of
the Act</p> | <p>(iii) <u>Other Required Special Groups: Qualifying Individuals - 1</u></p> <p>Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.</p> |

SUPERSEDES: TN- OK 98-04

STATE <u>Oklahoma</u>	A
DATE REC'D <u>03-17-03</u>	
DATE APPROV'D <u>4-4-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 178 <u>OK 03-03</u>	

Revised 01-01-03

TN No. OK 03-03
Supersedes Approval Date 4/1/03 Effective Date 1/1/03
TN No. OK 98-04

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: OKLAHOMA

Citation 3.1 Amount, Duration, and Scope or Services (Cont.)

- 1902(a)(10)(E)(ii) and 1905(s) of the Act (ii) Qualified Disabled and Working Individual (QDWI)
The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.
- 1902(a)(10)(E)(iii)(I), and 1905(p)(3)(A)(ii) of the Act (iii) Specified Low-Income Medicare Beneficiary (SLMB)
The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of Attachment 2.2-A of this plan.
- 1902(a)(10)(E)(iv)(I), 1905(p)(3)(A)(ii), and 1933 of the Act (iv) Qualifying Individual-1 QI-1
The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

Revised 01-01-03

TN No. OK 03-03 Approval Date 4/4/03 Effective Date 1/1/03
Supersedes
TN No. OK 98-04

SUPERSEDES: TN- OK 98-04

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-17-03</u>	
DATE APPROV'D <u>4-1-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>OK 03-03</u>	

State: OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

8. Home Health Services

After January 1, 1998, all Home Health Agencies requesting an initial Medicaid provider agreement with this Agency must meet the capitalization requirements as set forth in 42 CFR 489.28.

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Home health services are provided in the patient's residence to categorically needy individuals. Such services are compensable to a home health agency or when no such agency exists, payment is made to a registered nurse who is currently licensed to practice in the state, received written orders from the patient's physician, documents the care and service provided and has had acceptable training for clinical and administrative record keeping from a health department nurse. Payment is made for any combination of home health visits not to exceed 36 visits per year.

- b. Home health aid services provided by a home health agency.

Payment is made on behalf of eligible individuals for any combination of home health visits and home health aid visits not to exceed 36 visits per year.

- c. Medical supplies, equipment and appliances suitable for use in the home.

Standard medical supplies: defined as those disposable items which are used for the care and treatment of a medical condition, are medically necessary, and are prescribed by the appropriate medical provider. (Items not covered include but are not limited to: diapers, underpads, medicine cups, eating utensils and personal comfort items.)

Equipment and appliances that are medically necessary, suitable for use in the home or workplace, that can withstand repeated use, are used to serve a medical purpose, are not useful to a person in the absence of an illness or injury, are provided on a rental basis, if the period of use is no longer than 10 months or less (except oxygen and other respiratory equipment). Purchase of equipment is covered when anticipated length of use exceeds 10 months. Rental of hospital beds, support surfaces, wheelchairs, continuous positive airway pressure devices and lifts requires prior authorization. Purchase of equipment with a fee schedule price of \$500.00 or more requires prior authorization.

Revised 01-01-03

TN# OK 03-01
Supersedes
TN# OK 01-07

Approval Date 4/4/03

Effective Date 1/1/03

SUPERSEDES: TN- OK 01-07

STATE <u>OKlahoma</u>	A
DATE REC'D <u>1-22-03</u>	
DATE AP-VD <u>4-4-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>OK 03-01</u>	